

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024786

FILED VS JUN 27 1960

318

Primary Registration District No. 1003

Registrar's No. 5967

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>3 1/2 weeks</u>	c. CITY OR TOWN <u>Metropolis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>417 E 3rd. St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ELLA MAE</u> Middle <u>KIMBRELL</u> Last <u>MOSELEY</u>			4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1960</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/20/1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Golden Gate, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Joshua Kimbrell</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. H. Moseley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>326-16-2365</u>	17. INFORMANT Address <u>Paul Moseley, 7351 Ravinia Dr (21)</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanoma left leg</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			190.7			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>12/8/59</u> to <u>6/9/60</u> and last saw her/him alive on <u>6/9/60</u> Death occurred at <u>8 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>C. Alan McCafee M.D.</u>			22b. ADDRESS <u>1000 Euclid St. Louis</u>		22c. DATE SIGNED <u>6/10/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal auto</u>	23b. DATE <u>June 10, '60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Metropolis Cem.</u>	23d. LOCATION (City, town, or county) <u>Metropolis, Illinois.</u>			
24. FUNERAL DIRECTOR <u>Aikens Funeral Home Metropolis Ill.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JUN 10 1960</u>	26. REGISTRAR'S SIGNATURE <u>Stan Smith, M.D.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Allen McAfee
100 N. Euclid F01-1385

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe E. McCulloch

Licensed Embalmer No. 276

P. O. Address 617 Bldg

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.